2014 Annual Health and Safety Program Review and Update

9 1	oviding a safe and healthy place in which to work
	afety Program for our office will be reviewed
•	ng checklist will be completed annually to insure
	and in compliance with the CDC Guidelines,
Bloodborne Pathogen and Hazard Communicate	inication Standards.
	nd updated as appropriate including risk
assessment of infectious disease i.e.	TB, HBV, HCV, and HIV/AIDS.
	B Vaccination form and Confidential Employee
- · ·	ed term of employment, plus 30 years.
	by all staff with at risk exposure determinations.
	uipment (PPE) is provided when handling
	er potentially infectious material (OPIM), and
	Eye protection, Gloves, Clinic Jackets
	erifiable and complies with current professional
	at least disinfected and/or barrier protected.
	al unit waterlines is followed to insure water quality. At
	s been done per April 2012 ADA guidelines.
7 Chemical Information List reviewed	d and resubmitted to Maryland Department of
the Environment as appropriate.	
8 Updated Chemical labeling system	reviewed. Chemical labels for all hazardous
chemicals are legible and current to	
3	ble for all our hazardous chemicals and filed in
the SDS appendix of the manual or	
10Evacuation Plan for the office is po	
-	bu bag, medicaments, fire extinguisher) is
	rder, and located in areas known to employees
12Each employee has received initial	training for our entire program, and re-training
in accordance with the annual revie	w and update. The Training Program Checklist
	mpleted for each of these training sessions.
13A Hazard Assessment of the office	has been conducted. Any faulty equipment
and/or materials have been repaired	d/replaced as appropriate.
14 Each employee knows when and h	ow to follow our Post-exposure Protocol.
15 Radiographic equipment is registe	red with MDE, 6 months of negative dosimetry
tests are on record, and preventive	maintenance report submitted annually.
16 Each employee has had opportuni	ties to provide input regarding safety
improvements for equipment and p	policies, including needle safety.
Signatures	
Reviewer:	Date:
Employer•	Date: